**ella** Date: _____ Bébé: _____

| Heure | Tétée / biberon (mL ou oz) | Sein | Couche | Sommeil | Notes |
|---|---|---|---|---|---|
| | | G D B | H S | | |
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| | | G D B | H S | | |
| | | G D B | H S | | |

G = gauche • D = droite • B = biberon • H = humide • S = souillée